

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

13

1414

CMR

Franklin Vernon Miller, man

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

City of Philadelphia
Police Commissioner of Philadelphia
Warden - Prison Farmstead
C.O. SAPI
C.O. Solomon
C.O. Lynch
C.O. Velethorn
United States

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part A. Addresses should not be included here.)

MAR 18 2013

RECEIVED

Plaintiff's in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

ID #

Current Institution

Address

Franklin Vernon Miller, man
n/a
Lancaster County Detention Center
100 The Green Lane
Lancaster PA 17606

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name City of Philadelphia Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 2 Name Commissioner of Prisons Shield # _____
Where Currently Employed City of Philadelphia
Address _____

Defendant No. 3 Name Warden Shield # _____
Where Currently Employed Curran Fumhold Prison
Address 7901 State Rd
Phila Pa

Defendant No. 4 Name C.O. SAM Shield # _____
Where Currently Employed Curran Fumhold Prison
Address 7901 State Rd
Phila Pa

Defendant No. 5 Name C.O. Coleman Shield # _____
Where Currently Employed Curran Fumhold Prison
Address 7901 State Rd
Phila Pa

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?
Curran Fumhold Prison

B. Where in the institution did the events giving rise to your claim(s) occur?
Guarantee Hearing and Extradition Hearing
12/11/12 - 1/5/13

C. What date and approximate time did the events giving rise to your claim(s) occur?
See attached

Page 2 B

C.O. Lynch
7901 State Rd
Curran Fumhold Prison
Phila Pa

C.O. Melton
Curran Fumhold Prison
7901 State Rd
Phila Pa

D. Facts:

What happened to you?

See attached

Who did what?

See attached

Was anyone else involved?

See attached

Who else saw what happened?

See attached

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I was subject to medical treatment suffering and trauma.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

D. Facts Cont

Claim 3

I attended extradition hearing in prison on 12/11/12. At hearing I was prevented from address court or having free and unfettered discourse with my attorney by C.O. Lynch. Several other prisoners were subject to some restrictions and witnessed the denial of my constitutional rights.

This behavior on the part of C.O. Lynch is consistent with the pervasive and persistent disregard of the health and welfare as well as the constitutional rights of this prisoner.

Claim 4

On 12/11/12 C.O. Melton deliberately caused me to urinate on myself. There is no toilet access in the day room and C.O. Melton refused me access to the bathroom. This event was witnessed by prisoner Luciano.

This behavior by C.O. Melton is consistent with the callous disregard for the health and welfare of this prisoner and disregard of his constitutional rights.

ASD ☐
 CFCF ☒
 DC ☐
 HOC ☐
 PICC ☐

Philadelphia Prison System

Inmate Grievance Form

Check box only if grievance is regarding Medical Services ☐
 Name Frank Prillerman Housing Unit D22
 Intake Number 448523 Police Photo Number 448523

 Description of Grievance, Incident or Problem
 (include date and time of incident)

On 12/11/12 I was sent to an extradition hearing. When I arrived C.D. Lynch informed me and several other prisoners that we were not to address the Court at all. Also we were to say "yes" to every quest asked by PD. As a prisoner I had to obey C.D. Lynch's direct order or be disciplined. Also on 12/11/12 I informed CO Melton that am 62 yrs old with bladder proplem, I asked to use bathroom, she refused. A short time later I begged to us bathroom. She told me to piss in shower. I believe this would have caused fight with other prisoners. I urinated on myself and was utterly humiliated and ridiculed by other prisoners.

Action Requested by Inmate:

Turn back clock and protect my constitutional rights against cruel and unusual punishment the 4th, 5th, 6th and 14th Amendments of U.S. Constitution

See: Continuation of Grievance - Page 2 Yes ☐ No ☐

Describe how and when you tried to resolve this Grievance informally.

Date that you are depositing this Grievance in a grievance box:

(Signature of Grievant)

(Date)

Distribution: 1. Deputy Warden for Administration 2. Warden 3. Inmate's Receipt of Filing

D. Facts cont.

On or about 12/20/12 an unmedicated dangerous paranoid schizophrenic was placed in the cell share by myself and Edward Madden by C.O. Sam.

This mentally ill inmate threatened my life and welfare over a 3 day period. His room was I believe Clark Portino. The placement of this dangerous individual is representative of a pattern of pervasive and persistent disregard of the health and welfare of this prisoner.

The plaintiff was continually subjected to threats of harm and to life over 3 to 4 day before mentally ill person was removed despite three confrontations with C.O.s and several request by me and Ed Madden. ~~Also~~ to C.O. Sam and C.O. Coleman

ASD ☐
 CFCF ☒
 DC ☐
 HOC ☐
 PICC ☐

Philadelphia Prison System

Inmate Grievance Form

Check box only if grievance is regarding Medical Services ☐

Name Frank Prillerman Housing Unit D 22
 Intake Number 448523 Police Photo Number 448523

Description of Grievance, Incident or Problem
 (include date and time of incident)

On or about 12/20/12 while in quarantine Edward Madden and I were forced to be locked in the cell during the day and night with a violent and dangerous unmedicated paranoid schizophrenic as described in the DSM IV. Despite several requests to C.O. SAM, C.O. Coleman and another C.O. this person (Clark Portino) was not removed. It took 3 confrontations with C.O.s before this was accomplished. C.O. Coleman said I deserved to be housed with this person because I was in jail. Also when I complained to C.O. Coleman about chest pains due to access stress he told me to drink cold water. Clarke Portino threatened the life of myself and Edward Madden.

Action Requested by Inmate:

Turn back the clock and restore my protections against cruel and unusual punishment and rights guaranteed under the 4th, 5th, 6th and 14th amendments

See: Continuation of Grievance - Page 2 Yes ☐ No ☐

Describe how and when you tried to resolve this Grievance informally.

Date that you are depositing this Grievance in a grievance box:

(Signature of Grievant)

(Date)

D Facts

Claim 1 By order of Warden I was taken from cell C23 at 3 am on 1/5/13 and placed in isolation in a sleep deprivation cell. I was disposed of all my belongings save the clothes I was wearing. I was in said condition for 61 hrs. I did not receive a hot meal or drink during this period. I was observed in this condition by several C.O.'s working transport.

Leaving me in this condition for an extended period represents cruel and unusual punishment and a persistent and pervasive disregard for the constitutional rights, health and welfare of prisoners at the institution.

ASD ☐
 CFCF ☒
 DC ☐
 HOC ☐
 PICC ☐

Philadelphia Prison System

Inmate Grievance Form

Check box only if grievance is regarding Medical Services ☐

Name FIANK Housing Unit 022
 Intake Number 448523 Police Photo Number 448523

Description of Grievance, Incident or Problem
 (include date and time of incident)

I was taken from C23 Cell 1 at 3am on 1/5/13 and taken to receiving room, dispossed of all my belongings save clothes I was wearing. I was placed in isolation in a sleep deprivation cell for 61 hrs. The cell had no bunk and the light stayed on 24 hrs. I did not receive a hot meal or hot drink the entire time. The temperature was about 60°F. I was reintegrated into general population at 4pm 1/7/13. I still need towel, wash cloth, blues, and medication (none since 1/6/13)

Action Requested by Inmate:

I would like protection of constitutional rights under 5th, 6th and 14th Amendment of U.S. Constitution on 1/5, 1/6, 1/7 of 2013.

See: Continuation of Grievance - Page 2 Yes ☐ No ☐

Describe how and when you tried to resolve this Grievance informally.

Date that you are depositing this Grievance in a grievance box:

~~1/12/13~~ 1/18/13 John Pull

(Signature of Grievant)

(Date)

- A. ☒ Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
 Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). Curran Fremhold Prison

- B. ☒ Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

- C. ☒ Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? _____

- D. ☒ Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Curran Fremhold Prison

1. Which claim(s) in this complaint did you grieve? all

2. What was the result, if any? Unknown

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. Repealed before grievance answered

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

Plaintiff asks \$250,000.00 dollars in relief. Also plaintiff asked that video hearings be discontinued at prison in that they are incredibly coercive and abuse the constitutional rights of prisoners. That bathrooms be available to prisoners in dayrooms. Plus legal fee and Court cost.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

Plaintiff _____

Defendants

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

Rev. 10/2009

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

C. Have you ~~filed~~ other lawsuits in state or federal court?

Yes ____ No X

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No X

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 11 day of March, 2013

Signature of Plaintiff John Paul

Inmate Number n/a

Institution Address Lonke County Detention
440 Doc Det Hs
London, KY 40356

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 11 day of march, 20 13, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: F-1 PW